

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Patent Number	6,747,136
Issue Date	June 8, 2004
First Named Inventor	Persson et al.
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	6250-6146.20

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 105379

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 105379

OR

<input type="checkbox"/> Firm or Individual Name	
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Address	
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City		State		Zip
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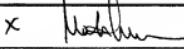
Country	
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Telephone		Fax	
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I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	
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Name	MATS A A PERSSON
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Date	APRIL 19 2012
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Telephone	+46 70 209 69 40
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.